

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				5893087							
1 Date of Request: 02/23/07		2 Serial/Patent # 08/633,842									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
X	Petition			\$ 1,150.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
X	Other petition renew			\$ 1,200.00							
		7 TOTAL AMOUNT OF REFUND		\$ 2,350.00							
		8 TO BE REFUNDED BY: <i>Credit card</i>									
10 REASON:		Treasury Check									
X	Overpayment	X Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
	No Fee Due (Explanation):										
error made in granting petition; patent still expired for failing to pay 4 yr maintenance fee;											
renew fee waive because decision being vacated											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: A. Au		TITLE: Pet. Exm									
SIGNATURE: _____		PHONE: 7414									
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <i>[Signature]</i>		DATE: 5/29/07									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

REQUEST FOR PATENT FEE REFUND

3 Please refund the following fee(s):

5 DATE
FILED

6 AMOUNT

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2

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10/06/06

\$ 1,150.00

2

ca

\$ 1,150.00

Treasury Check

X

9	2	0	--	1	4	3	0
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2	0	--	1	4	3	0
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9	2	0	--	1	4	3	0
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therefore 8 year maintenance fee payment is being refunded

TYPED/PRINTED NAME: A. Au **TITLE:** Pet. Exm

OFFICE: Office of Petitions

APPROVED: *(Signature)* DATE: 5/24/01

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**